

**9th Annual On-Site Professionals of Illinois
(O.W.P.I.)**

February 6 - 8, 2012

Gateway Convention Center, Collinsville, Illinois

(Exhibitor Set-up on Mon., Feb 6; Teardown on Tue., Feb 7 at 3:00pm)

Exhibitor's Registration Form

Company/Agency: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____ **Fax:** _____

Contact Person: _____ **Phone:** _____

E-mail for Contact Person: _____

Names of Persons who will be Exhibiting:

(1) _____

(2) _____

(3) _____

Registration Fee: \$500 for one (1) 10' x 10' booth (includes table and chairs), plus \$175 for each additional 10' x 10' space (does not include additional table or chairs)

\$500 for the first 10' x 10' space = _____

\$175 for each add'l 10' x 10' space = _____ spaces x \$175.00 = _____

(Deduct \$50.00 if mailed before Dec. 15, 2011) (- _____)

Total amount enclosed = _____

Please list booth preferences: (1) _____ (2) _____ (3) _____

Please make check payable to: O.W.P.I.

Mail this form & payment to: 9th Annual O.W.P.I. Conference and Tradeshow
1404 Carroll Ave.
Urbana, IL 61802

Questions? Phone Steve Johnson: (217) 328-7796 Fax: (217) 328-7798